S	hlincoln					Otate Of Hevada
Name (p	orint) 455 Cliff Shadows Pkwy	(if applicable) Suite	220	Las	Vegas,	District (if applicable) NV 89129
	Address (include city and zip code)				Telephone No.	702-242-4949
E-Mail A Select A	Appropriate Box(es) CANDIDATE PAC	AL FILING 🔲 PE				
Σķ	Annual Filing - Due January 15, 2006 Period: January 1, 2005 – December 31, 2005					FILED
	Report #1 — Due August 8, 2006* Period: Jan. 1, 2006 — Aug 3, 2006					
	Report #2 Due — October 31, 2006* Period: Aug. 4, 2006 — Oct. 26, 2006				MAH	1 0 2006
	Report #3 Due — January 15, 2007*/** Period: Oct. 27, 2006 — Dec. 31, 2006			S	ECRETA	ARY OF STATE
	Annual Filing - Due January 15, 2007 Period: January 1, 2006 - December 31, 20	006			FOR	OFFICE USE ONLY
* 7	These Reports are filed by incumbents/cand Third Report suffices for 2007 Annual Filing	lidates runnin if candidate a	g for off also filed	ice in the I Report N	2006 election los. 1 and 2	-
	CONTRIBUTIONS SUMMARY				This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1.	. Total Monetary Contributions Received in Excess of \$16 (See page 1 of instruction sheet)	00		\$2,00	00.00	
2.	. Total Monetary Contributions Received of \$100 or Less (See page 2 of instruction sheet)					
3.	. Total Monetary Contributions in the form of loans guar party. (See page 2 of Instruction sheet)	anteed by a third		-		
4.	. Total Monetary Contributions in the form of loans that v (See page 2 of instruction sheet)	vere forgiven		_		
		This Period	Beginni Report	Period #1 t End of porting		
5.	Total Amount of Monetary Contributions Received		renoa			
	(Add Lines 1 through 4) (See page 2 of instruction sheet) Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet) Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of Instruction sheet)			·		
	(Coop. 1	XPENSES SUI	WMARY			
8.	Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)		\$	1,500	.00	
	Total Monetary Expenses Paid of \$100 or Less (See page 2 of Instruction sheet) 0. Total Amount of All Monetary Expenses Paid			-		
1:	(Add Lines 8 and 9) (See page 2 of Instruction shi 1. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of Instruction sheet)	eet)			Michigan Control of the Control of t	A CONTRACTOR OF THE PROPERTY O
(C da in	 Disposition of Unspent Contributions Disposition of Unspent #3 , Annual Report or 15th ay of the second month after candidates defeat or cumbent does not run for reelection) Lee page 3 of instruction sheet) 					
í De	eclare Under Penalty of Perjury That the Fo	AFFIRMATION AFFIRM	ON e and C	orrect.		
	Muc 1+				7	_
Signature					ე- 8-ი≀ Date	A CONTRACT C
EL201.doc	Revised: Sep	p-05		PAG		

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ort	Period	1	#

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Sh	- 1	'n	n	co	1 2

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR

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Shlincoln PAC

Contributions In Excess of \$100

Contributor's Name and Address	Date of Contribution	Amount of Contribution	Check Here if Loan party if loan person who forgave the loan party than contributor
Committee to Elect Maurice Washington PO Box 1166 Sparks, NV 89432 **(Voided check; was itemized as expense on 2006 Annual report).	voided 7/12/2005	\$1,000	
Committee to Elect Mike Schneider 6381 Sandpiper Way Las Vegas, NV 89103-2110 **(not deposited; therefore, check voided; was itemized as expense on 2006 Annual report).	voided 2/21/2006	\$1,000	
Total		\$2,000	

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Name (print)

EL201.doc

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF		I	
PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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Revised: Oct-05 PAGE___OF___

Shlincoln PAC

Expenses In Excess of \$100

Committee to Elect Bernice Mathews P.O. Box 7176	Committee to Elect Bernice Mathews P.O. Box 7176	\$1,500
Committee to Elect Bernice Mathews	Committee to Elect Bernice Mathews	
Ecceived payment - Expense	received bayment . Ext	
received payment Expense	received payment Category Date of Expense Exp	
	Laichory Haie of Expense	ense